

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #3 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER TANK FARM DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	4 Grabs
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	013-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY SPILLWAY OVERFLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WASTE TREATMENT PLT#1 EFFLUENT
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

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FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-NORMAL OPERATIONS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM FOR OUTFALL #017. SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHOUT FALL #018.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THEDMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE FOR OUTFALL #018.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	4 Grabs
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGES FOR OUTFALLS #016 & #017 THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DISCHARGE OF SNOW AND ICE SHALL BE ACCOUNTED FOR IN A REASONABLE MANNER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	019-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #3
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #5
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	022-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #3 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
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ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 CIRCULATING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER TANK FARM DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	4 Grabs
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	013-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY SPILLWAY OVERFLOW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WASTE TREATMENT PLT#1 EFFLUENT
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-NORMAL OPERATIONS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuous
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Continuous

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM FOR OUTFALL #017. SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHOUT FALL #018.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THEDMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE FOR OUTFALL #018.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	4 Grabs
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGES FOR OUTFALLS #016 & #017 THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DISCHARGE OF SNOW AND ICE SHALL BE ACCOUNTED FOR IN A REASONABLE MANNER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	019-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #3
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATER THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #5
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	022-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

OUTFALL 001 QUARTERLY MONITORING
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREES FARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

HEATER CONDENSATE DRIPS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER.THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

QUARTERLY MONITORING FOR OUTFALL 0
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED					AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

SCHILLER STATION YARD DRAINS
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

NON-CONTACT COOLING WATER MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT(AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE.THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #4 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #5 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

UNIT #6 NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFAHRENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (☐)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM.THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #1
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED EFFLUENT FROM WWTP #2
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORM AND REPORT A "NO DISCHARGE" ON DMR FORM

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

TREATED METAL CLEANING WASTE FROM
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNIT #4
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: Granite Shore Power Schiller LLC
ADDRESS: 780 NO. Commercial St.
Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC
LOCATION: 400 GOSLING RD
PORTSMOUTH, NH 03801
ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03101
MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.